## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

402864/socra

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                                       |   |   |                                       |                                   |              |                  |       | SMALL ENTITY TYPE  |                        |        | OTHER THAN OR SMALL ENTITY |                                       |  |
|---|---|---|---------------------------------------|-----------------------------------|--------------|------------------|-------|--------------------|------------------------|--------|----------------------------|---------------------------------------|--|
| TOTAL CLAIMS  |   |   | Q                                     |                                   | 100,0        | ].               | - Г   | RATE               | FEE                    | 7<br>7 |                            |                                       |  |
| FOR   |   |   | 9                                     |                                   |              | )                | ŀ     | BASIC FEE          | <del> </del>           | -      | RATE                       | FEE                                   |  |
| FOR   |   |   | NUMBER FILED .                        |                                   | NUME         | BER EXTRA        | - [   | BASIC FEE          | 385.00                 | OR     | BASIC FEE                  | 770.00                                |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 9 minus 20=                           |                                   | * -0         |                  |       | X\$ 9=             |                        | OR     | X\$18=                     |                                       |  |
| INDEPENDENT CLAIMS  |   |   | 3 minus 3 =                           |                                   | * .e         |                  |       | X43=               |                        | OR     | X86=                       |                                       |  |
| MU  | JLTIPLE DEPEN   | NDENT CLAIM P                             | RESENT                                |                                   |              |                  |       | +145=              |                        | OR     | +290=                      |                                       |  |
| * <b>i</b> f  | the difference  | e in column 1 is                          | less than zero, enter "0" in column 2 |                                   |              | column 2         | L     | TOTAL              |                        | OR     | TOTAL                      |                                       |  |
| CLAIMS AS AMENDED - PART II   |   |   |                                       |                                   |              |                  |       |                    |                        |        | OTHER                      | THAN                                  |  |
|   |   | (Column 1)                                | (Colun                                |                                   | (Column 3)   | _                | SMALL | ENTITY             | OR                     | SMALL  | ENTITY                     |                                       |  |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE                |  |
|   | Total   | *   | Minus                                 | **                                |              | =                |       | X\$ 9=             |                        | OR     | X\$18=                     |                                       |  |
|   | Independent   | <u></u>                                   |                                       | L                                 | CI AINA      | =                |       | X43=               |                        | OR     | X86=                       |                                       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                                       |                                   |              |                  |       | +145=              |                        | OR     | +290=                      |                                       |  |
|   |   |   |                                       |                                   |              |                  |       | TOTAL<br>DDIT. FEE |                        | OR     | TOTAL<br>ADDIT. FEE        |                                       |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                                       |                                   |              |                  |       |                    |                        |        | ADDII. FEE                 |                                       |  |
| В   |   | CLAIMS<br>REMAINING                       |                                       | HIGHE                             | EST          | PRESENT          | Г     |                    | ADDI-                  |        |                            | ADDI-                                 |  |
| MENDMENT  |   | AFTER<br>AMENDMENT                        |                                       | PREVIO<br>PAID F                  | USLY         | EXTRA            |       | RATE               | TIONAL<br>FEE          |        | RATE                       | TIONAL<br>FEE                         |  |
|   | Total   | *   | Minus                                 | **                                |              | =                |       | X\$ 9=             |                        | OR     | X\$18=                     |                                       |  |
|   | Independent   | *   | Minus                                 | ***                               |              | =                | Г     | X43=               |                        | OR     | X86=                       |                                       |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                   |              |                  |       |                    |                        | ı      |                            |                                       |  |
|   |   |   |                                       |                                   |              |                  |       | +145=<br>TOTAL     |                        | OR     | +290=                      | · · · · · · · · · · · · · · · · · · · |  |
|   |   |   |                                       |                                   |              |                  |       |                    |                        | OR ,   | TOTAL<br>ADDIT. FEE        |                                       |  |
| · .   |   | (Column 1)                                |                                       | (Colum                            |              | (Column 3)       |       |                    |                        |        |                            |                                       |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY   | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE                |  |
|   | Total   | *   | Minus                                 | **                                |              | =                |       | X\$ 9= .           |                        | OR     | X\$18=                     |                                       |  |
| ¥ l   | Independent   | *   | Minus                                 | ***                               |              | =                |       | X43=               |                        | ا ہے   | X86=                       |                                       |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                   |              |                  |       |                    |                        | OR     |                            |                                       |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                                       |                                   |              |                  |       | +145=              |                        | OR     | +290=                      |                                       |  |
| **  | **If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                                   |              |                  |       |                    |                        |        |                            |                                       |  |